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Bib Data Sheet

CONFIRMATION NO. 8594

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/539,676 | <b>FILING OR 371(c)<br/>DATE</b><br>06/16/2005<br><b>RULE</b> | <b>CLASS</b><br>166 | <b>GROUP ART UNIT</b><br>3672 | <b>ATTORNEY DOCKET<br/>NO.</b><br>1935-00165 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

Einar Kristiansen, Stavanger, NORWAY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/NO03/00418 12/15/2003 *nac 9/29/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NORWAY 2002 6025 12/16/2002 *nac 9/29/06*

\*\* SMALL ENTITY \*\*

|   |                                       |                                |                              |                                    |
|---|---------------------------------------|--------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>NORWAY | <b>SHEETS<br/>DRAWING</b><br>2 | <b>TOTAL<br/>CLAIMS</b><br>7 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions<br>met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Verified and<br>Acknowledged<br>Examiner's Signature <i>M. Kristiansen</i> <i>nac</i> Initials |                                       |                                |                              |                                    |

## ADDRESS

26753

## TITLE

Casing with isolated annular space

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---------------------------------------|---|--|